MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10806899 **FILING DATE** 02/23/04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12						
13						
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22		2				
23		2				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	23					
TOTAL CLAIMS	25					

		IND	DEP	IND	DEP	IND	DEP		
51									
52									
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100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									